FY2015 CHNA&HIP Progress Report

Monona County

Community Health Improvement Plan

GOAL	Strategies	Progress on Strategies
Standard 5.2: Conduct a comprehensive planning process resulting in a Monona County community health improvement plan	Measure5.2.1 L: Conduct a process to develop community health improvement plan.	1a. Broad participation of community partners; 1b. Information from community health assessments - completed; 1c. Issues and themes identified by stakeholders in the community - completed; 1d. Identification of community assets and resources - completed; and 1e. A process to set community health priorities - completed with Board of Health Strategic Plan and the Monona County Community Alliance (MCCA) Steering Committee (local health improvement coalition).
	Measure 5.2.2L: Produce a community health improvement plan as a result of the community health improvement process.	CHIP dated August 2012: 1a: Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets; 1b. Policy changes needed to accomplish health objectives; 1c. Individuals and organizations that have accepted responsibility for implementing strategies; 1d. Measurable health outcomes or indicators to monitor progress; and 1e. Alignment between the CHIP and the state and national priorities - Iowa Department of Public Health & Healthy People 2020
	Measure 5.2.3A: Implement elements and strategies of the health improvement plan, in partnershipwith others.	1. Evaluation reports on progress made in implementingstrategies in the CHIP including: 1a. Monitoring of performance measures and 1b. Progress related to health improvement indicators indicators as defined in the plan...]; and 2. Revised health improvement plan based on evaluation results - MCCA Steering Committee & the Monona County Board of Health
	Measure 5.2.4A: Monitor progress on implementation of strategies in the CHIP in collaboration withbroad participation from stakeholders and partners.	1. Evaluation reports on progress made in implementingstrategies in the CHIP including: 1a. Monitoring of performance measures and 1b. Progress related to health improvement indicators indicators as defined in the plan...]; and 2. Revised health improvement plan based on evaluation results - MCCA Steering Committee[health improvement plan is revised based on the evaluation listed in 1 above…]

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GOAL	Strategies	Progress on Strategies
Reduce the Prevalence of Adult & Adolescent Alcohol Abuse	1. Implement Counter Marketing/Counter Advertising	1.a Meeting Action Plan Activities Timelines
	2. Implement Responsible Beverage Service Training	2.a Meeting Action Plan Activities Timelines
	3. Implement Compliance Checks	3.a Meeting Action Plan Activities Timelines
	4. Implement Social Host Liability Ordinance	4.a Implemented January 2013
	5. Build Sustainability	5.a Current SPF-SIG Grant Funding expires June 30, 2014 Planning Meetings ensue March 2013; 5.b Drug-Free Communities Grant (5 yr.) target submission date of February 2014. We re-applyed for a community grant but weren't successful in receiving. We continue to look for other grants.

GOAL	Strategies	Progress on Strategies
Reduce the Prevalence of Adult & Adolescent Tobacco Use	1. Promote Cessation by Adults and Youth	1.a Meeting Action Plan Activities Timelines
	2. Promote Quitline Iowa	2.a Meeting Action Plan Activities Timelines
	3. Maintain or participate in a coalition which addressestobacco use that meets at a minimum quarterly.	3.a Active MCCA workgroup. The coalition meets monthly to discuss what connections have been made.
	4. Maintain or participate in a youth-led group or coalition which addresses tobacco use that meets at a minimum quarterly.	4.a Delinquent in meeting action plan activity timeline 4.b Youth-led group formation to be implemented on or before March 31, 2013. The groups meets monthly during the school year. According to the 2014 Iowa Youth Survey, 85% of males and 87% of females, in grades 6th, 8th & 11th) answered that they have never smoked or used tobacco products (not including electronic cigarettes).
	5. Collaborate with other agencies and entities working to reduce tobacco use in Monona County service area, including other grantees funded by IDPH and the Division.	5.a Meeting Action Plan Activities Timelines. On June 23, 2015, our coalition partner is hosting a ISTEP (Iowa Students For Tobacco Education & Prevention Summit in Harlan, IA.
	6. Use media outlets when appropriate to educate and informthe public of tobacco health risks	6. Meeting Action Plan Activities Timelines
	7. Engage Monona County Board of Health in the followingactivities: Planning or evaluation of services; Timely and effective communication; Ongoing collaboration	7.a Meeting Action Plan Activities Timelines - March 2013.The Board of Health is frequently updated on the number of referrals to the Iowa Quitline and the outreach initiatives.

	8. Complete an assessment once a year of tobacco industryactivities/advertising in a minimum of 100% of gas stations and convenience stores in the county	8. School districts, with the exception of West Monona, meet
	9. Review tobacco policies for all K-12 public and accredited non-public school districts within Monona County.	9.a. Not yet submitted to MCCA workgroup. No additional progress made to the comprehensive policy requirement 9.b Determine steps necessary for West Monona compliance. No additional progress made.

GOAL	Strategies	Progress on Strategies
Improve Children and Adult Immunization Rates	1. Collaborate with other agencies and entities working to improve children and adult immunization rates in Monona County.	1. An MCCA Immunization Coalition formed September 2012, and includes: Hospital, all county physician clinics, public health and county nursing homes. 2.b IRIS baseline activity resulting from partners input will be used as baseline for developing improvement interventions
	2. In 2012, the immunization rate in children 24 months of ageserved by the agency will continue to reach or exceed the national goal of 90 percent for the 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 varicella, 4 pneumococcal conjugate vaccine series (4-3-1-3-3-1-4)	2.Our agency baseline has increased from 93% at year-end 2010 to 95% at year- end 2011. As of 6/30/2012 our immunization rates are at 100% for children age 24-35 months, based on our most recent IRIS Assessment Summary. At the end of 2013, the agency rate was at 100%. At the end of 2014, the agency rate was 80%. The 2014 rate was easily skewed by the agency DTaP percent seen below:Rates by vaccine: 4 DTaP 80%, 3 Polio 100%, 1 MMR 100%, 3 Hib 100%, 3 Hepatitis B 100%, 1 Varicella 100%, 4 PCV 100%.
	3. In 2012, the immunization rate of adolescents (13-15 years of age) served by the agency will increase by 10 percent. Fully immunized includes 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 2 varicella, and 1 meningococcal vaccine.	3.CoCASA baseline percentage of 13-15 year olds served bythe agency increased from 54% 2010 year-end data to 81% per the 2011 CoCASA year-end data. The rate was 100% in 2013 and 75% in 2014.
	4. In 2012, the immunization rate of adolescent females (13-15 years of age) served by the agency who receive three doses of HPV vaccine will increase by 10 percent.	4. Per the 2010 year-end CoCASA baseline percentage of adolescent females age 13-15 years of age served by the agency increased from 33% to 50% by the 2011 year-end. The rate was 85% in 2013 and 75% in 2014.

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GOAL	Strategies	Progress on Strategies
Improve the Cordination & Quality of Early Childhood Services	1. Collaborate with schools, agencies and entities to improvecommunication, and to develop planning models intended to create a comprehensive, county-wide system of care	1.a MVAO Elementary School Pilot Project established September 2012 1.b Participants included MVAO Elementary, WIC, Head Start, AEA, early childhood care providers, ECI of Iowa, MCCA Steering Committee and public health. 1.c Final / Draft Policy Action Plan submitted to local & state stakeholders for further action
	2. Reduce the incidence of Monona County Child Abuse Rates	2.a Child Abuse rates have increased by an average of 2%-4%per year for the past five (5) years 2.b ECI Child Abuse Grant request submitted February 2013; MCCA Steering Committee will provide governing oversight. In 2014, a Neighborhood Networking Grant was applyed for and received. Two child abuse prevention events were put on in the community.
	3.Improve efficiency and effectiveness of Monona CountyHome Visiting Services (Learning for Life)	3.a Shared Quality Supervisor Model / Harrison / Monona /Shelby 3.b Shared Accreditation Policie & Procedures / Harrison / Monona / Shelby 3.c Shared Performance Measures Database / Harrison / Monona/ Shelby . In 2014, Monona County Public Health went through the IFSTAN Accreditation process so that the Learning for Life Program would become more effective and become evidence based.

GOAL	Strategies	Progress on Strategies
Promote the incorporation of healthy homes principles into public health system (schools, government, businesses, law enforcement, et al) practices and programs.	1. Create a mechanism for coordinating healthy homes activities, collaborating with local and regional health & safety improvement coalitions to promote healthy housing principles.	1.a MCCA Steering Committee chartered workgroupestablished October 2012 1.b Current members include landlords, renters, county assessor, city/town mayors, environmental health and public health 1.c Development of appropriately scaled and efficient intervention strategies, (include review of current county & municipality policies, building codes and enforcement practices, and the accompanying recommendations for improvement). 1.d Submission of workgroup proposal to the Monona County Board of Health for review, comment and/or recommendations by September 2013. No additional progress has been made at this time.

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Reduce Obesity, Diabetes and the Burden of Chronic Disease	1. Collaborate with county medical system and the generalpublic health system to: develop appropriately scaled and efficient intervention strategies, (include clinical management, clinical prevention, county policies \ regulations and behavior change).	1.a Office of Rural Health Policy / Health Resources and Services Administration Grant submitted by Burgess Health Center January 2013 1.b Grant objectives & activities will be incorporated into a comprehensive, county-wide approach. 1c. In 2013 and 2014, Monona County Public Health promoted Live Healthy Iowa within the county. We also partnered with the Onawa Chamber of Commerce to hold a Live Healthy Iowa kickoff event where we put on a 5K walk and health fair. The health fair was made up of county health and wellness organizations.

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1.Every Monona County child age 0-12, living in a household with an income below 300 percent of the federal poverty level, will be cavity-free.2. Every Monona County nursing home resident and homebound elderlyperson will have access to oral health care.	1. Collaborate with schools, county dentists, and other keyentities to develop a model intended to improve: •Oral health education and prevention •Fluoridation •Access to care for underserved children •Access to care for the homebound elderly and nursing homeresidents	1.a Workgroup chartered February 2013. 2.a Members include the Iowa Office of Rural Health/Iowa Department of Public Health, Delta Dental Foundation of Iowa , Denison Pediatric Dentistry, Family 1st Dental, Patera Family Denistry, MVAO Elementary Pilot Group and public health. 3.a Target funding submission request to Delta Dental Foundation of Iowa - August 2013. Monona County Public Health partner's with Crawford County Public Health to provide these services in Monona County.

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Development of sustainable coalitions that demonstrate the ability to identify, mitigate, and respond to risks through coordination and planning utilizing the public health and healthcare preparedness capability standards	1. Monona County Public Health, in collaboration with it's primary partners, Burgess Health Center and the Monona County EMA, will use the HPP/PHEP FY 2012-2013 Grant Emergency Preparedness Coalition Development Process to: • Complete a Hospital / Public Heatlh Risk Assessment • Complete a "gap" analsysis of jurisdiction's risks • Identify, and collarate with county partners whose roles maymitigate jurisdiction's risks • Form an Organizational Advisory Group	1.a Monona County Public Health, Burgess Health Center and the Monona County EMA have each completed a Hazard Vulnerabilty Assessment. This data is being used in a "cross-walk" / "rank order" exercise to determine a gap analysis for hazards, vulnerabilities, and risks in the community. - completed 1.b Identifying partners for risk mitigation - in process 1.c Burgess Health Center, Monona County EMA and Public Health will serve as the Organizational Advisory Group until such time that administrative and sustainability strategies for the multi-disciplinary partnership are more fully matured . developed. In 2015, Monona County Public Health will hire a Public Health Emergency Preparedness Manager to represent our organization and to head up the PHEP grant activites, while collaborating with the Emergency Preparedness Coalition group.